

Shasta County District Attorney Pre-filing Drug Diversion Program

Presentation to Community Corrections Partnership Executive Committee- May 17, 2023



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Program Overview

Participants

- Individuals cited/arrested for violations of HS 11377/HS 11350 (possession of a controlled substance; those cited/arrested for HS 11364 (possession of drug paraphernalia) may also be considered
- Aged 18-30
- Minimal criminal history
- Stable phone/address/contact information
- Willingness to comply

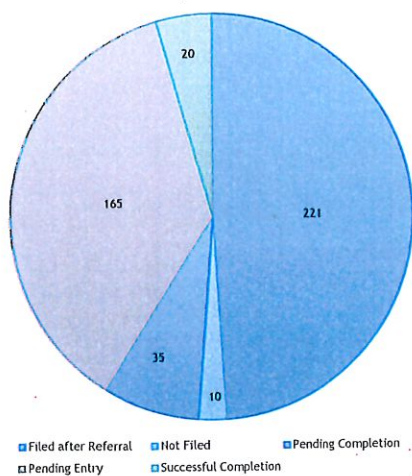
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Program Procedure (Historically)

- Staff involved include one DDA and one Crime Victim Advocate
- Initial screening for eligibility by DDA during review of case
- Case will then be sent to CVAC advocate, who will make contact with candidate and determine interest and suitability for program
- Candidate will then be screened in person by CVAC advocate using screening tool to assess his/her level of drug addiction
- Depending upon score of assessment, candidate will be given requirements to complete in order to satisfy program requirements
- If candidate is successful, DDA will decline to file criminal case
- If candidate is unsuccessful, DDA will file criminal case
- Have received assistance from probation department in making field contacts
- More success in communicating with participants via email

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Outcomes of Cases Meeting Diversionary Requirements



Program Efficacy - A Snap Shot

Between 2017 and 2022, we filed 5,901 misdemeanor drug cases

451 individuals referred for possible diversionary treatment

20 Candidates successfully completed diversion

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Challenges/Opportunities

- ▶ Lack of motivation for Participants – Misdemeanor
- ▶ Limited scope of work
- ▶ Covid
- ▶ Assistance from Probation greatly improved connection with Participants
- ▶ Transition to new Case Management System

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The Future of Diversion

Advent eLearning 

- ▶ Advent creates cognitive-based material to help individuals get on track and put their legal issues in the past. Their catalog of over 30 online, evidence-based courses are professionally created and accepted by courts and agencies across the country. Most courses are either 4 or 8 hours long and are easily completed online.

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Program Procedure - Moving Forward

- Staff involved include one DDA and one Crime Victim Advocate
- Initial screening for eligibility by DDA during review of case
- Case will then be sent to CVAC advocate, who will make contact with candidate and determine interest and suitability for program
- Candidate will then be entered into the Advent E-Learning system by CVAC advocate
- Candidate will be given requirements to complete in order to satisfy program requirements through Advent E-Learning
- If candidate is successful, DDA will decline to file criminal case
- If candidate is unsuccessful, DDA will file criminal case
- Assistance from Advent will improve program efficacy
- Comprehensive statistical data is available through Advent for increased program accountability

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Restitution

Goals of the AB109 Restitution Program

- ▶ Increase communication between District Attorney's Office, Probation and the Court System.
- ▶ Provide on-going training for Probation to increase knowledge of Restitution Practices and victim services available.
- ▶ Reduce the number of cases returned to court because of restitution orders.
- ▶ Reduce workload across multiple agencies through single-point-of-contact advocate.

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Questions?

Executive Summary

California voters passed Proposition 47—the “Safe Schools and Neighborhoods Act”—in 2014 to lower rates of incarceration among low-risk offenders by reclassifying selected felony drug and property crimes as misdemeanors for those with no prior conviction for serious offenses. Cost savings from reduced spending on corrections were redirected to a state fund administered by the Board of State and Community Corrections (BSCC). BSCC uses Prop 47 funding to award competitive grants to California public agencies who partner with community-based organizations in providing mental health and substance use disorder treatment and/or diversion programs for individuals involved with the criminal justice system. The Shasta County Probation Department was awarded Prop 47 funding from BSCC in 2019 to establish the Shasta County Misdemeanor Community Engagement Program (CEP). The CEP aims to increase engagement in and access to community-based services among misdemeanor offenders to reduce rates of recidivism and reentry into the criminal justice system.

As a requirement of funding, BSCC grantees were tasked with planning and implementing a comprehensive evaluation of their funded programs. The Shasta County Probation Department sub-contracted with an external evaluation firm, EMT Associates, Inc., to fulfill the evaluation requirement. The purpose of the evaluation was to monitor Prop 47 implementation and to test the effectiveness of proposed strategies in achieving criminal justice outcomes. The three-year CEP grant program recently concluded in December 2022. The data analysis and reporting were completed in May 2023. The present report summarizes evaluation findings documenting the achievement of the goals and objectives outlined in the original proposal and detailing lessons learned and recommendations from the CEP implementation process.

CEP Program Model

The CEP program model was implemented through a partnership between Shasta County Probation and Hill Country Health and Wellness Center (HCHWC)—a Federally Qualified Health Center (FQHC) located in Redding, CA that provides integrated medical, dental, and mental health support services to clients throughout Shasta County. The project funded a Probation Assistant (PA) who served as a liaison between justice system partners (e.g., Probation, jail, attorneys, and the court) and HCHWC. The PA identified and engaged eligible clients based on failure to appear (FTA) lists, jail release lists, and contact lists from local defense attorneys and the District Attorney's office. The information was shared with HCHWC case managers who conducted direct outreach and recruitment to initiate the enrollment process. Hill Country offered case planning and assessment services, transportation assistance, court advocacy, and referrals to an array of community services based on identified client needs.

CEP Program Goals

The CEP program provided community outreach, engagement, and case management services to misdemeanor offenders in the justice system who had untreated substance abuse and/or mental health disorders, or who met other eligibility criteria. The program addressed the following five overarching goals:

- Increasing access to behavioral health treatment, housing assistance, and pre-trial diversion services and supporting program retention and service completion;
- Increasing community engagement by mediating changes in anti-social values and attitudes (i.e., criminal thinking);
- Reducing barriers to navigating the court system among participating clients;
- Improving court attendance among misdemeanor offenders, including those with a history of repeated offenses or failure to appear (FTA); and
- Preventing further criminal behavior, arrest, and/or reentry into the criminal justice system.

Evaluation Methods and Design

The evaluation of the Shasta County CEP program utilized a mixed-methods design that incorporated quantitative and qualitative data elements and supported both process and outcome measurement. Evaluation activities were implemented through a collaborative effort involving evaluation team members, the PA and criminal justice partners, and administrators and case managers with HCHWC. Data collection activities were managed locally by Probation and HCHWC program staff who securely transferred information to the evaluation team for data cleaning, data integration, analysis, and reporting. Sources of data supporting both the process and outcome evaluation components included client tracking and referral records, intake and assessment information, service records, client surveys, and administrative records extracted from county data systems to document recidivism events. The evaluation used pre- and post-survey administration to compare client attitudes and values and their court experiences from the time of intake and enrollment to program exit.

Evaluation Results and Discussion

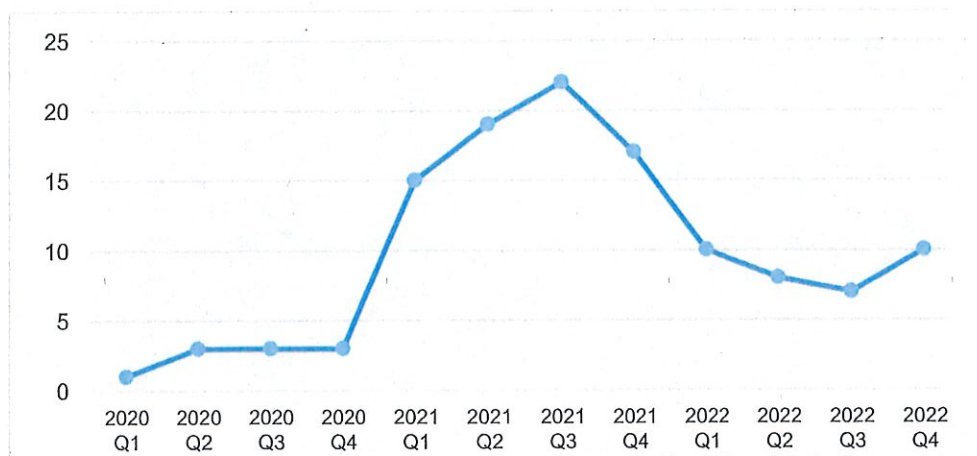
This end-of-grant report presents detailed process and outcome findings from the external evaluation of the CEP Program. The report covers the grant period spanning the three-year time frame from January 2020 to December 2022. The following are key findings from the evaluation effort:

CEP Enrollment and Demographics

- The Shasta County Probation Department began identifying and referring CEP clients to HCHWC for enrollment in January 2020. According to the original project design, referral and enrollment was to be conducted on a first-come, first-served basis until the program reached the maximum caseload of 50 participants, at which point, new referrals would be waitlisted until new spaces became available. Once clients were identified and confirmed to meet eligibility requirements, they were referred to HCHWC, where case management staff engaged in further outreach to encourage voluntary enrollment in the program.

HCHWC ultimately enrolled 116 clients over the three-year grant period. Client enrollment was slow in the first 12 months of the grant due to early hiring delays and staff turnover, and more notably, due to government closures caused by the COVID-19 pandemic. CEP enrollment accelerated beginning in the second year of the grant as the pandemic slowed and public services began to reopen. New enrollments later declined moving into the third year of implementation as caseloads reached capacity and as the program began to wind down in its final months of implementation.

CEP Clients Enrolled by Quarter of Enrollment

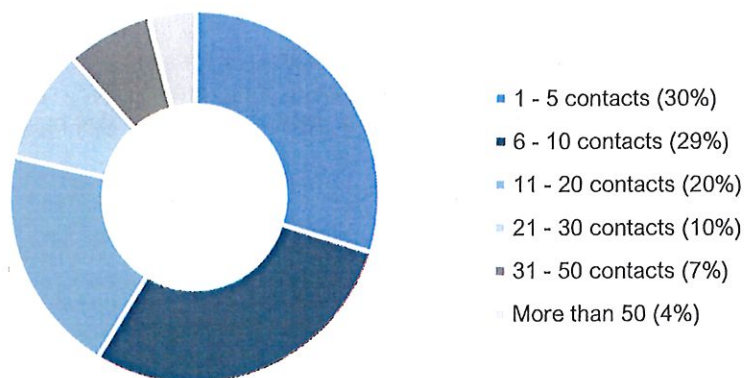


- Given the slower than anticipated uptake in CEP enrollment among referred clients during the early phases of the project, the mid-grant evaluation report included an analysis exploring differences between clients who formally enrolled in the program and those who were referred but never enrolled. The analysis found that the percentage of offenders with a history of drug violations or homelessness was significantly higher in the enrolled population than in the group who received outreach only. Conversely, the percentage of clients with mental health issues listed as an eligibility criterion at referral was substantially higher in the outreach only population. This may indicate that the presence of mental health issues among misdemeanor offenders acts as a barrier to enrollment and may require more intensive and specialized outreach on the part of case management agency staff.
- Of clients who formally enrolled in the CEP program, 56% were male and 44% were female. About 6% of enrolled clients were young adults (18-24 years) and 14% were older adults 55 years and older. The average age of participants was 40.4 years. Eighty-two percent of clients (82%) were White, 4% were Hispanic or Latino, 3% were American Indian or Alaska Native (AI/AN), 2% were Black or African American, and 9% were multi-racial. This generally reflects the race/ethnic composition of the larger Shasta County population.
- The enrolled client population was characterized by low educational attainment, high unemployment, and high rates of housing instability. About 28% of CEP clients never completed high school, and 47% had either graduated from high school or earned a GED but had no college degree or certificate. Sixty-eight percent of enrolled clients (68%) were unemployed. More than half of clients were homeless (55%) at the time of intake, living in cars or on the street, another quarter (25%) were living in the home of a family member or relative, and 5% were in temporary housing situations, such as transitional housing or residential treatment programs. Only 13% of clients were living independently in their own homes.

Case Management and Direct Services

- Case management records maintained in the HCHWC Electronic Health Record (EHR) showed that CEP case managers delivered 1,974 in-person or telephone contacts with participating clients over the three-year grant period. More than two-thirds of clients (70%) had a high level of engagement in CEP services with 6 or more recorded case management contacts. Only one-third (30%) had 5 or fewer contacts indicating a lower level of service intensity. Clients had 14.8 case management contacts on average and had an average duration of enrollment of 9.6 months.

CEP Client Contacts with Case Managers



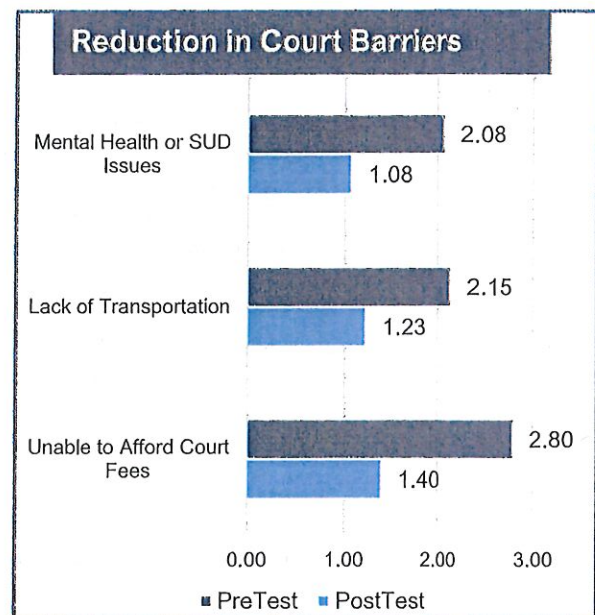
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- Clients utilized an array of behavioral health and social support services as part of their program participation. Almost all clients participated in case management services (88%) and most received transportation assistance (69%), including bus passes and rides to court and service appointments from case management staff. This was a major component of the CEP model, given the program's emphasis on attendance at court hearings and clients' limited access to transportation. The next most widely utilized categories of services included food assistance (57%) and other services to address basic needs (48%). Nearly half of clients also received some form of housing assistance (47%) to address high rates of homelessness and housing instability. However, case managers often noted the challenges of finding permanent or transitional housing solutions given widespread housing shortages in the area. About one-third of clients (32%) received SUD assessment and/or treatment services consistent with the goals of the grant.
 - One-third of CEP clients (32%) also benefitted from legal assistance, which included help navigating the court system. Case managers frequently attended court hearings with their clients to advocate on their behalf. This was a core component of the CEP program model. The frequent presence of case managers at court, along with the Probation Department PA contributed to a sense of increased collaboration among judges, other justice system partners, Probation, and HCHWC, which was cited as an important system outcome of the grant.
 - The least widely utilized services were employment assistance (20%), education services (4%), and mental health treatment (3%). The need for workforce readiness, job skills training, or job placement was evident within the CEP client population, given low educational attainment and high unemployment; however, these services were not directly supported with grant funds and instead were primarily accessible through community referral. These interventions were often secondary in priority to crisis intervention or stabilizing services that meet clients' essential needs, such as food security and housing, or court advocacy services that aimed to mitigate escalation of justice system involvement. This area represents a future opportunity for expanding and enhancing the CEP program model and strengthening education and employment partnerships in the community.
 - All clients who enrolled in the CEP program completed initial assessments that integrate a battery of behavioral health screening tools. Specific tools include the Public Health Questionnaire-9, GAD-7, Opioid Risk Tool, SBIRT, AUDIT, and the DAST. Based on results of these comprehensive screening tools, more than half of clients went on to receive further SUD assessments and 20% were enrolled in SUD treatment. Clients referred to community-based behavioral health treatment programs were monitored by HCWHC case managers for retention in services. One client successfully completed SUD treatment. Fewer clients enrolled in mental health treatment services.
 - One in five clients who voluntarily enrolled in CEP services completed all program requirements and 23% were still enrolled at the close of the grant. HCHWC is actively seeking opportunities for new funding to continue meeting the needs of the CEP client base.

Attitudes and Values

- The CEP program aimed to increase community engagement among clients by changing anti-social values and attitudes that are associated with patterns of criminal thinking—or the set of “attitudes, beliefs, and rationalizations that offenders use to justify and support their criminal behavior.” Clients’ ongoing relationships with case managers and their engagement with services in the community were anticipated to reduce these negative thought processes.
- The standardized Criminal Thinking Scales (CTS) questionnaire, administered at enrollment and program exit, was used to measure attitudes and values on six scales comprising the core elements of criminal thinking. These included measures of cold heartedness, criminal rationalization, entitlement, justification, personal irresponsibility, and power orientation. Pre-test scores recorded at baseline fell within a low to moderate range on average, which is consistent with expectations for non-violent, low level misdemeanor offenders. When readministered at program exit, there were no statistically significant differences when comparing measures over time. This may suggest that unmet behavioral health needs combined with challenging life circumstances (e.g., homelessness) play a greater role in driving justice system involvement for CEP clients than anti-social values or attitudes.

Court Experiences

- Another goal of the CEP model was to reduce barriers to navigating the court system to prevent the escalation of charges or additional penalties. Having a history of failure to appear (FTA) in court was one of the key criteria for program eligibility. Ninety-four percent of CEP clients (94%) surveyed at the time of enrollment ($n=65$) had a history of appearing in court, and 88% had missed one or more court dates in the past. About half of clients (53%) reported having a negative experience with the court system, for example, feeling like they had been treated unfairly or that the judge had not cared about their concerns. These experiences may have influenced clients’ level of engagement with the court process and their willingness to attend court hearings.
- Clients were given a list of statements related to barriers that may have impacted their ability to attend court. Statements were grouped into broad categories that included: informational barriers, structural or financial barriers, health-related barriers, psycho-social barriers, and issues related to fairness and equity. Respondents were asked to identify how true each statement was for them (from ‘very true (3) to ‘not true at all’ (0).



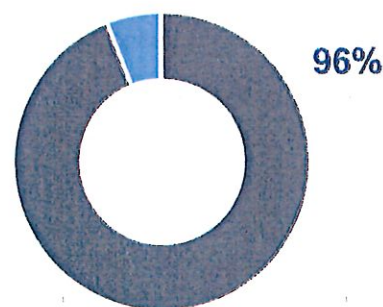
"I was treated fairly, and I really liked my judge. I thought he was personal and cared about helping and not just punishment."

- The most widely perceived barriers to court attendance ('true' or 'very true') were the inability to pay court fees (78%), a lack of transportation (57%), and forgetting about the court appointment (53%). Overcoming these barriers can represent a substantial challenge for individuals experiencing homelessness. Responses also uncovered the widely held perception that the court process was inequitable, with clients reporting barriers, such as thinking that the judge wouldn't care about their needs (45%), anticipating that the judge would be biased (42%), feeling like they would be treated unfairly or without dignity (35%), or generally feeling that the process was unfair. Nearly one-third of clients (30%) also identified barriers associated with a mental health or substance use disorder that had prevented them from attending court hearings. Clients were least likely to express feelings that it was 'okay to skip' or that 'it wouldn't matter' as reasons for failing to comply with court requirements.
- The court experiences questionnaire was readministered when clients exited the program, or at the conclusion of the grant funding period for those who were still enrolled ($n=21$). Pre-post analysis results showed a reduction in perceived barriers to court participation on nearly all constructs measured. Some of the largest, statistically significant reductions were observed on measures of inability to pay court fees, lack of transportation, and mental health or SUD issues. These findings suggest that the CEP played a critical role in removing real or perceived barriers to court participation and also shifted clients' perceptions about the fairness of the court process and the treatment clients' believed they would receive.

Reentry into the Justice System

- The final goal of CEP services was to prevent further criminal behavior, arrest, and/or reentry into the criminal justice system. The CEP Program identified both a local definition of recidivism and a more narrowly defined BSCC definition that were used in the outcome analyses. The Shasta County Probation Department compiled information on recidivism events among clients enrolled in the CEP program based on confidential case records and shared the analyses with the evaluation team. Recidivism event tracking was initially completed both for clients who were enrolled in the CEP program, and clients who were eligible for CEP services and were referred but never enrolled. Due to changes in uptake in enrollment among referred clients over time (e.g., fewer clients opting out) as well as inconsistencies in referral tracking resulting from staff turnover, the viability of using the 'referred but never enrolled' group became more limited. The current analysis only includes clients who were enrolled in CEP services and had a record of case management in the HCHWC EHR.
- Based on the definition of recidivism established by BSCC, there were six CEP enrolled clients who were convicted of new crimes during the time of enrollment in the program. Three clients had a new conviction within 6-9 months of the CEP enrollment date, two clients had a new conviction within 15-16 months, and one had a new conviction at 17 months.
- The Shasta County Probation Department's local definition of recidivism was broader, and included both convictions as well as any new criminal complaint, return to custody, or reentry into the CEP program. Based on the local definition, about half of CEP clients (55%) experienced a recidivism event following enrollment in CEP services. Of those with records available for analysis, 49 (45%) had no further justice system involvement. Clients with a repeat offense had more frequent contact with a CEP

No New System Involvement (BSCC)



■ No new system involvement (BSCC)

case manager on average (18.7 contacts per participant) than those with no further justice involvement (12.5 contacts). This may suggest that clients with more entrenched service needs who required more case management support are also more likely to reoffend than lower risk clients.

Conclusions and Recommendations

The evaluation of the CEP program highlighted many important program successes. Using Prop 47 funds, CEP partners succeeded in establishing a new and innovative approach to identifying and engaging lower-risk, high need clients involved with the justice system. These are clients for whom unmet housing and behavioral health treatment needs contribute to criminal offending and repeated involvement with the justice system. Importantly, based on state definitions of recidivism, 96% of all clients actively enrolled in the CEP program had no new convictions over the duration of the study period. Using the broader local definition, 45% of clients active in the program had no further justice system involvement.

The project has also impacted individual lives in profound ways. As part of a BSCC site visit, CEP clients were invited to share their stories. One young woman with a history of drug use and court involvement spoke about being homeless at the time of CEP enrollment and actively using substances while pregnant. After working with case managers, she was able to access and complete SUD treatment, find employment and permanent housing, and retain full custody of her newborn. She and her baby are now thriving, she is in recovery, and she credits CEP for a new life trajectory. Other clients shared similar stories about their experiences and expressed their gratitude toward CEP program staff and partners.

The CEP program and community partners also faced several challenges that impacted implementation and outcomes. The CEP Program experienced a slower than anticipated start-up due to government shutdowns caused by the COVID-19 pandemic. Temporary court and office closures delayed the number of new clients who were identified in the initial year of implementation, and impeded outreach and recruitment efforts. Early staffing turnover also created a temporary discontinuity in services, although this was resolved by the end of the first year and case management staff were consistent for the duration of the funding period. However, as a consequence of these initial challenges, many clients who were referred in year one of the program were involved in outreach and engagement efforts only or were considered one-time interventions. The majority of clients who formally enrolled in the CEP Program did not initiate services until January 2021 or later.

The program also encountered challenges related to sharing of information across partners. The absence of a more centralized data infrastructure for inter-agency communication, or technology tools for accessing records, often restricted the flow of information, impeded coordination of referrals across partners, imposed excess data burden on staff, and reduced the reliability of outcome measurement or access to real-time data to inform quality improvement efforts. This represents an important area for future investment.

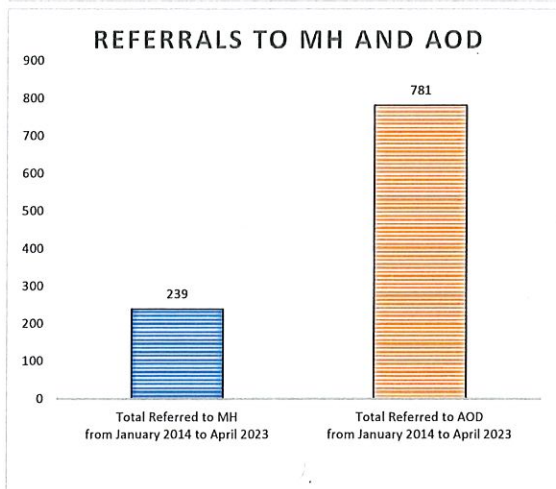
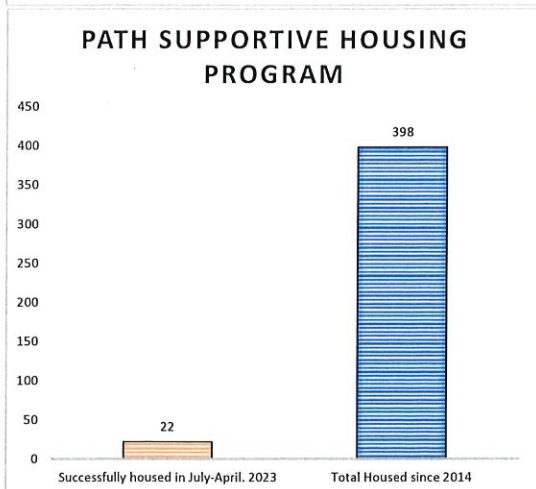
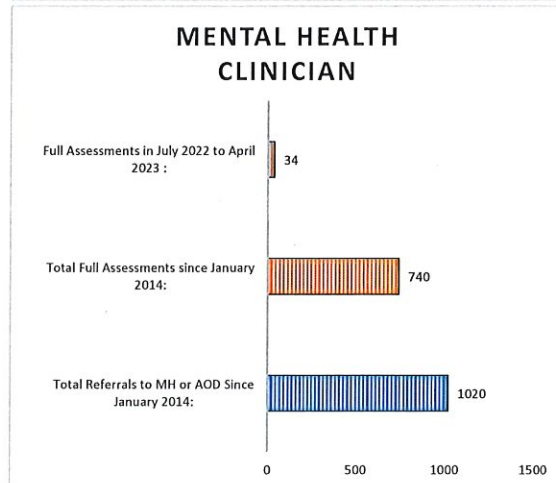
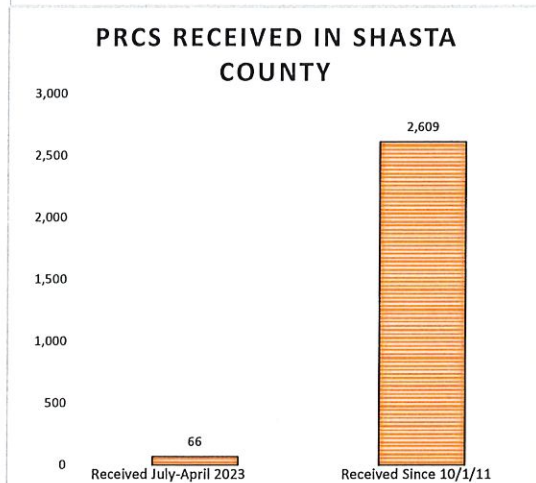
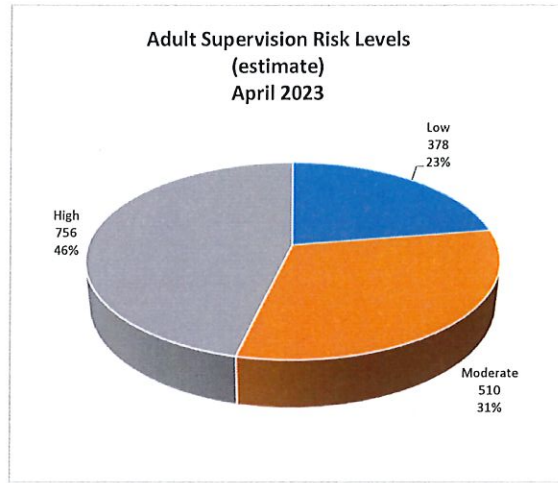
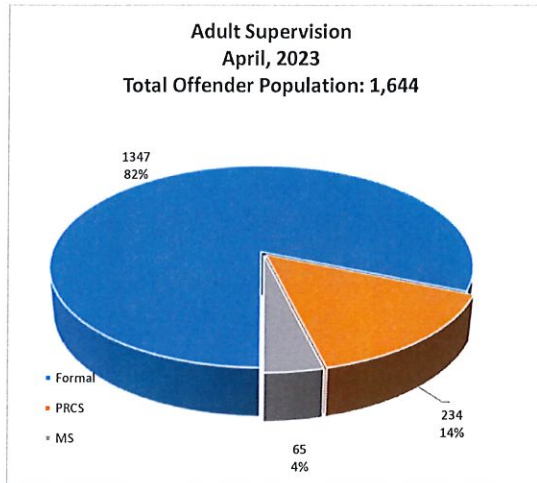
Despite both empirical and anecdotal evidence of program success, the CEP model also had some limitations. For example, the program was not as successful in demonstrating capacity to address, on a large scale, the often intractable, underlying factors that contribute to system involvement among many misdemeanor offenders (e.g., homelessness, mental illness, unemployment, or low educational attainment). Instead, the program focused energy and resources on meeting clients' where they are, addressing crises and essential needs, and mediating factors that contribute to escalating system involvement (e.g., attending court hearings and advocating for clients). CEP services relied largely on case management processes to link clients with existing community-based providers who were not funded under the grant. This may have limited the scope of services accessed by clients and/or limited the ability of case management staff to verify service delivery and outcomes across fragmented provider systems. Similarly, insufficient housing capacity within the larger community system (e.g., housing shortages) meant that client needs for services, such as transitional and permanent housing, often remained unmet. Going forward, an expanded program model that integrates and funds a wider array of direct service providers accompanied by long-term housing solutions driven by state leadership may address these limitations.

In all, the CEP program had a transformative impact on the Shasta County justice system by removing barriers to court participation and changing the way that system and community partners collaborated and collectively advocated for the needs of misdemeanor offenders. The effect of this system change was evident in the relationships that were cultivated across partnering agencies and in client responses to survey questions regarding their court experiences. The program offers a solid roadmap for future funding and programming opportunities.

Probation Data Sheet

April, 2023 CCPEC Meeting

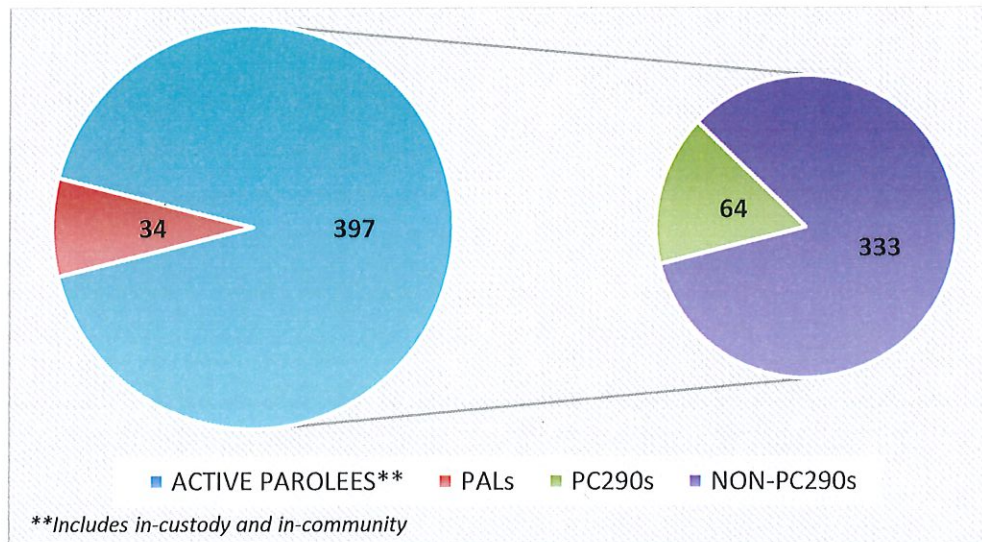
Probation Population Community Corrections Center Services



SHASTA COUNTY

(As of 2/28/2023)

PAROLEE POPULATION*: 431

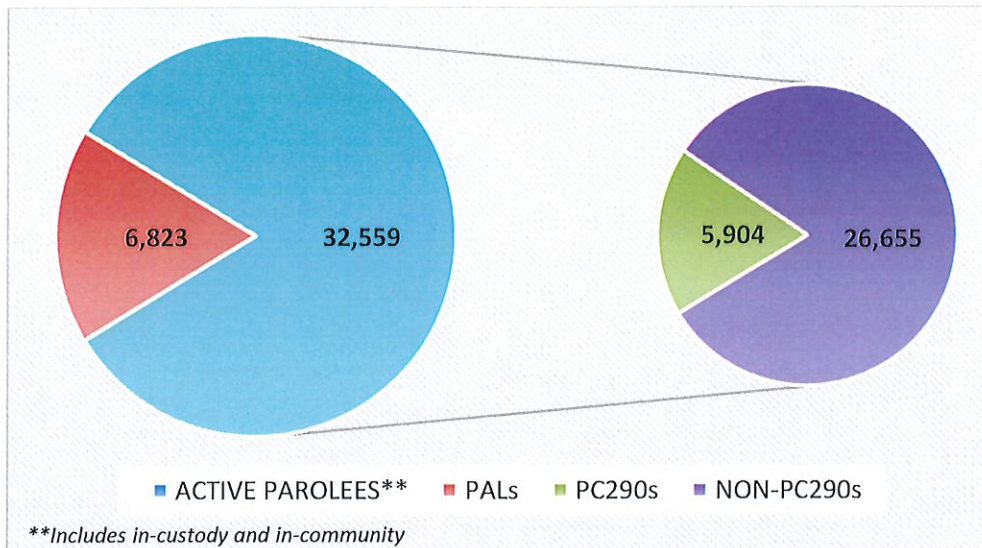


*Includes active parolees and PALs; excludes parolees in a state hospital or supervised out-of-state.

STATEWIDE

(As of 2/28/2023)

PAROLEE POPULATION*: 39,382



*Includes active parolees and PALs; excludes parolees in a state hospital or supervised out-of-state.

Please contact the Division of Adult Parole Operations at (916) 327-0693, with any questions.

GUILLERMO VIERA ROSA
Director
Division of Adult Parole Operations